

Hickman Palermo Truong & Becker, LLP  
2055 Gateway Place, Suite 550  
San Jose, CA 95110-1089

RETURN TO SENDER  
X  
ROUTE NUMBER 104  
NOT KNOWN

CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS  
FOLD AT DOTTED LINE



7000 1670 0006 8330 2896

SAVED  
NOT KNOWN

*Angelina*

125  
1594  
2653  
06.720 OCT 28 05  
MAILED FROM ZIP CODE 95125

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Itzhak Palmares  
20010 Rodriguez Avenue, Apt. B  
Cupertino, CA 95014

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7000 1670 0006 8330 2896

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

RECEIVED  
RECEIVED

BEST AVAILABLE COPY

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Itzhak Parnafes  
925 Piers Court  
Palo Alto, CA 94303

2. Article Number (Copy from service label)

7000 1670 0006 8330 2841

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
4-07-05

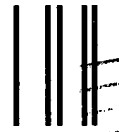
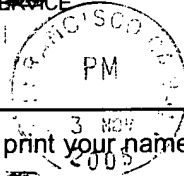
C. Signature  
X [Signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

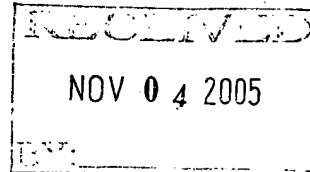
UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Christopher J. Brokaw  
Hickman Palermo Truong & Becker  
2055 Gateway Place, Suite 550  
San Jose, CA 95110



Docket No. 50325-0085

95110+1083 [Barcode]

**BEST AVAILABLE COPY**